

Exhibit No. 2

3. Office of Personnel Management
M Supp. 296-33, Subch. 4

NOTIFICATION OF PERSONNEL ACTION


1. Name (Last, First, Middle) WARE, RAYMOND E		2. Social Security Number 65971		3. Date of Birth [REDACTED]		4. Effective Date 11-25-03	
5. FROM: Position Title and Number SUPERVISORY TRANS. SECURITY SCREENER 2D NO=SA-HNLSG BU NO=APTSCR ORG=2B11HNL00 CST CNTR=211HNL				6. TO: Position Title and Number			
7. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis SV 0019 G 00 \$41,652 PA				14. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step or Rate 20. Total Salary/Award 21. Pay Basis			
22. Name and Location of Position's Organization AUS FOR AVIATION OPERATIONS AVIATION OPERATIONS DIVISION WESTERN AREA HONOLULU INTERNATIONAL AIRPORT				23. Name and Location of Position's Organization			
24. Veterans Preference 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				25. Agency Use 1 - Permanent 2 - Conditional 3 - Indefinite			
26. FEGLI CO BASIC LIFE ONLY				27. Annuity Indicator 9 NOT APPLICABLE			
28. Retirement Plan K FERS & FICA				29. Pay Rate Determinant 0			
30. Service Comp. Date (Leave) 04-14-02				31. Work Schedule F			
32. Position Occupied 1 - Competitive Service 2 - SES General 3 - Excepted Service 4 - SES Career				33. PLSA Category E - Exempt N - Nonexempt			
34. Position Occupied 2				35. Appropriation Code SEE REMARKS BELOW			
36. Duty Station Code 15-2400-003				37. Bargaining Unit State 8888			
38. Duty Station (City - County - State or Overseas Location) HONOLULU, HONOLULU, HI				39. Agency Data SP PROG=00 SUPV CSC=2 POS TYPE=1			
40. Agency Data SP PROG=00 SUPV CSC=2 POS TYPE=1				41. Position Sensitivity = 5			

APPROP = 05AV.000/000/APTSCR/2B11HNL00/1111

SALARY IN BLOCK 12A IS BASED ON PAY BAND G, SPECIALIZED JOB CATEGORY, MANAGER LEVEL 1. FWD ADDRES = 1255 NUUANU AVENUE, #E1212, HONOLULU, HI, 96817

SF-2819 PROVIDED. LIFE INSURANCE COVERAGE EXTENDED 31 DAYS DURING WHICH YOU ARE ELIG TO CONVERT TO AN INDIV POLICY (NONGROUP). HEALTH BENEFITS COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (NONGROUP CONTRACT). YOU ARE ALSO ELIGIBLE FOR TEMPORARY CONTINUATION OF YOUR FEHB COVERAGE FOR UP TO 18 MONTHS.

LUMP SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.

46. Employing Department or Agency DEPARTMENT OF HOMELAND SECURITY/TSA			50. Signature/Authentication and Title of Approving Official  APPROVING OFFICIAL		
47. Agency Code HSBC	48. Personnel Office ID 1598	49. Approval Date 04-01-04			

TURN OVER FOR IMPORTANT INFORMATION

1 - Employee Copy - Keep for Future Reference

Editions Prior to 7/91 Are Not Usable After 6/30/91
NSN 7540-01-333-6236

EXHIBIT

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